STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155586	A. BUILDING 00 B. WING	12/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN LIFE VILLAGES	6701 S ANTHONY BLVD FORT WAYNE, IN 46816

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaints IN00120765 and IN00120862. Complaint IN00120765 Substantiated. Federal/ state deficiencies related to the allegations are cited at F 241, F250, and F353. Complaint IN00120862 Substantiated. No deficiencies related to the allegations are cited. Survey dates: December 18, 19, and 20, 2012 Facility number : 000283 Provider number: 155586 AIM number: 100275020 Survey team: Christine Fodrea, RN Census bed type: SNF/NF: 129 Residential: 42 Total: 171	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Census payor type: Medicare: 13 Medicaid: 91 Other: 67 Total: 171 Sample: 6 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality Review completed December 21, 2012 by Randy Fry RN.			

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F0241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review the facility failed to provide baths 2 days per week for 2 of 3 residents reviewed for bathing in a sample of 3. (Resident #U, Resident #W) Findings include: 1. Resident #U's record was reviewed 12-18-2012 at 3:47 PM. Resident #U's diagnoses included, but were not limited to, dementia, high blood pressure, and arthritis. During initial tour on 12-18-2012 at 9:26 AM, Resident #U was observed sitting in her room in a wheelchair. Resident #U was appropriately dressed and did not have a body odor. A review of a CNA assignment sheet provided by Unit Manager #2 on 12-18-2012 at 3:00 PM indicated Resident #U was to receive a shower or bath on Wednesday and Saturday	F0241	**1. What measures were taken for residents directly affected?** Shower routines for residents #U and #W were reviewed. No revisions were required to the current schedules. Facility review demonstrates compliance with the regulation despite issuance of this deficiency. **2. What measures were put in place to identify other residents at risk?** All residents are at risk from this deficient practice. A complete facility audit of shower/bathing documentation was completed. **3. What systemic change was put in place to ensure the deficient practice does not recur?** ·Facility protocol regarding showers/bathing was reviewed with no revisions required. ·A complete audit of all neighborhood shower records was completed 12-21-2012. Shower books are organized to insure each resident has an identified schedule and	01/07/2013

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	evenings. A review of ADL (Activities of Daily Living) documentation indicated Resident #U received a bath or shower on 12-2-2012 (a Sunday) at 2 AM, on 12-5-2012 (a Wednesday) at 6 PM, and on 12-15-2012 (a Saturday) at 8 PM. There was no documentation Resident #U had refused a shower or bath. 2. Resident #W's record was reviewed 12-18-2012 at 8:10 PM. Resident #W's diagnoses included, but were not limited to, dementia, high blood pressure and osteoarthritis. During initial tour on 12-18-2012 at 9:06 AM, Resident #W was observed sitting in the resident lounge in a wheelchair. Resident #W was appropriately dressed and did not have a body odor. A review of CNA assignment sheet provided by Unit Manager #2 on 12-18-2012 at 3:00 PM indicated no assigned time for Resident #W's shower or bath. In an interview on 12-18-2012 at 3 PM, Unit Manager #2 indicated the facility was still evaluating the best		appropriate forms present for documentation. ·Nursing staff have been in-serviced on the current protocol, specifically related to bathing/shower regulations and documentation. **4. How will the corrective action be monitored?** Nursing Managers/shift supervisor will perform daily audits of showers based on each neighborhood's shower schedule to insure completion as well as verify appropriate documentation. The Director of Nursing or designee will audit results on a daily basis for 8 weeks and on a weekly basis for 12 weeks. A monthly report of findings will be submitted to the Quality Assurance Committee, which meets monthly, for the duration of the audits prescribed above. Should the committee feel that systemic compliance is not being achieved then audits will continue, with possible additional corrective action, until compliance has been achieved.	

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	time for Resident #W's bath or shower to more appropriately fit into his time schedule. Unit Manager #2 further indicated Resident #W had been on his unit approximately 3 weeks. A review of ADL documentation indicated Resident #W received a bath or shower on 12-2-2012 at 2:44 AM, on 12-5-2012 at 6:08 PM, on 12-11-2012 at 11 AM and at 2:13 PM, and 12-12-2012 at 3:55 PM. In an interview on 12-19-2012 at 10:07 AM, Unit Manager #2 indicated baths were being given at random times maybe due to a response to a behavior. A review of behavior logs indicated on 12-2, 12-5, 12-11, and 12-12-2012 no behaviors were noted. In an interview on 12-18-2012 at 3:46 PM, CNA #1 indicated sometimes there were less than 2 CNAs scheduled on evening shift, and so baths or showers were not given to the residents. CNA #1 further indicated the staff completed good partial baths so the residents would not have body odor. CNA #1 also indicated residents should receive 2 baths or showers per week.			

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	This Federal tag relates to complaint number IN00120765. 3.1-3(t)			

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F0250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on interview and record review the facility failed to track behaviors for 2 of 3 residents reviewed with behaviors in a sample of 3. (Resident #V, Resident #W) Findings include: 1. Resident #Ws record was reviewed 12-18-2012 at 8:10 PM. Resident #W's diagnoses included, but were not limited to, dementia with behavioral disturbances, osteoarthritis and high blood pressure. A care plan titled enjoys activities dated 12-10-2012 indicated Resident #W needed to be kept occupied due to multiple falls, agitation and making loud noises. The care plan included encourage participation, invite to group activities, offer individual activities, take for wheel chair rides on the unit and take to quiet area for solitude. The care plan did not indicate the need for 1:1 or 15 minute observation.	F0250	**1. What measures were taken for residents directly affected?** The plan of care for residents #W and #V were reviewed for accuracy and effectiveness. No negative outcomes were noted as a result of this written deficiency. Facility review demonstrates compliance with the regulation despite issuance of this deficiency. Furthermore, the facility was not given the opportunity to discuss or defend this citation during the survey process. **2. What measures were put in place to identify other residents at risk?** All residents are at risk from this deficient practice. Systemic changes and monitoring did not reveal any notable resident outcomes as a result of this written deficiency. **3. What systemic change was put in place to ensure the deficient practice does not recur?** ·Facility protocol regarding behavior monitoring was reviewed with no revisions required. ·Nursing and social services staff have been in-serviced on the current protocol, specifically related to appropriate	01/07/2013

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	A care plan titled Antipsychotic medication use dated 12-05-2012 did not indicate the reason for the medication, but included interventions of encourage to vent feelings, explore reasons for anxiety, give medications as ordered, monitor behaviors daily, monitor for side effects of medications, monitor mood and response to medication, Notify family and MD of any changes, provide calm environment. The care plan did not indicate the need for 1:1 or 15 minute checks. There were no other care plans outlining behavior. A review of behavior logs for 12-2012 indicated there were no behaviors between 12-1 and 12-15-2012. A review of timed checks revealed on 12-1-2012 staff were with Resident #W consistently between 5:45 AM and 6 PM; on 12-2-2012 between 6 AM and 6:30 PM;on 12-4 between 9 PM and 11 PM; on 12-6-2012 between 3 PM and 10:30 PM; on 12-12-2012 between 12 midnight and 2 AM, a note on the timed checks indicated Resident #W was on 1:1 observation; and on 12-13-2012 between 10:30 PM and 6:30 AM,		documentation of behaviors and related interventions. **4. How will the corrective action be monitored?** Social workers will perform daily audits of behaviors to verify appropriate documentation. The Director of Social Services or designee will audit compliance on a weekly basis for 12 weeks, and monthly for three months.A monthly report of findings will be submitted to the Quality Assurance Committee, which meets monthly, for the duration of the audits prescribed above. Should the committee feel that systemic compliance is not being achieved then audits will continue, with possible additional corrective action, until compliance has been achieved.	

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	Resident #W was on consistent watch. In an interview on 12-19-2012 at 10:07 AM, Unit Manager #2 indicated Resident #W was on consistent watch during times of increased agitation. A behavior log dated 12-15-2012 indicated Resident #W was shaking fist at others, and had an unpleasant mood. The summary notes dated 12-15-2012 indicated Resident #W had been yelling at staff, shaking fist, and easily angered. The documentation further indicated staff had tried talking to Resident #W to calm him. A behavior log dated 12-16-2012 indicated Resident #W was hitting and cursing, yelling and having a temper tantrum. The summary notes dated 12-16-2012 indicated Resident #W screamed and yelled at staff, tried to hit staff, and became more agitated with staff even after given activities, and snacks. The note did not indicate what approaches were effective. In an interview on 12-19-2012 at 9:37			

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	AM, SSD #4 indicated Resident #W was on 1:1 observation because he was agitated and likely to fall. SSD #4 further indicated the effective approach was not documented anywhere during the times Resident #W was on consistent watch. SSD #4 further indicated behaviors were monitored daily and behavior notes from the night before were reviewed for and interventions were discussed and passed on at shift change. New approaches are placed on the CNA assignment sheet when the nurse secretary is requested to do so. SSD #4 indicated nursing should be documenting behavior to validate the need for consistent observation as well as what approaches are effective to improve resident care. 2. Resident #V's record was reviewed 12-19-2012 at 10:59 AM. Resident #V's diagnoses included, but were not limited to, dementia with behavioral disturbances, chronic airway obstruction, and paranoia. A care plan titled potential for alteration in behaviors dated 8-13-2012 included interventions of be aware of pattern changes, document moods and behaviors, monitor for external stimulants, and antecedents of the behaviors.			

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	A behavior log dated 12-2012 indicated Resident #V had behaviors on 12-15-2012 of cursing, screaming, scratching, biting, yelling, temper tantrums, and hitting and cursing. The summary notes dated 12-15-2012 indicated Resident #V was pulling pants down in the hallway, yelling at staff, staff provided snacks , but Resident #V continued to yell and have outbursts. There was no indication of an approach that was effective. Additionally, the notes did not indicate antecedents of the behaviors. In an interview on 12-19-2012 at 10:07 AM, Unit Manager #2 indicated the behavior logs had several categories the staff could pick from and some categories such as screaming, cursing, and biting were one pick. Unfortunately without the summary note, there was no way to tell exactly what was happening with the resident. This Federal tag relates to complaint number IN00120765. 3.1-34(a)			

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F0353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on observation, interview and record review the facility failed to maintain adequate staff to provide ADL care consistently. This had the potential to affect all residents residing on the Magnolia unit. Findings include: Resident #W's record was reviewed 12-18-2012 at 8:10 PM. Resident #W's diagnoses included, but were not limited to, dementia, high blood pressure and osteoarthritis.	F0353	**1. What measures were taken for residents directly affected?** Shower routines for residents #U and #W were reviewed. No revisions were required to the current schedules. Facility review demonstrates compliance with the regulation despite issuance of this deficiency. Furthermore, the facility was not given the opportunity to discuss or defend this citation during the survey process. Lutheran Life Villages makes every effort to deploy staff based on the acuity and census of each unit. The unit cited never	01/07/2013

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	During initial tour on 12-18-2012 at 9:06 AM, Resident #W was observed sitting in the resident lounge in a wheelchair. Resident #W was appropriately dressed and did not have a body odor. A review of CNA assignment sheet provided by Unit Manager #2 on 12-18-2012 at 3:00 PM indicated no assigned time for Resident #W's shower or bath. In an interview on 12-18-2012 at 3 PM, Unit Manager #2 indicated the facility was still evaluating the best time for Resident #W's bath or shower to more appropriately fit into his time schedule. Unit Manager #2 further indicated Resident #W had been on his unit approximately 3 weeks. A review of ADL documentation indicated Resident #W received a bath or shower on 12-2-2012 at 2:44 AM, on 12-5-2012 at 6:08 PM, on 12-11-2012 at 11 AM and at 2:13 PM, and 12-12-2012 at 3:55 PM. In an interview on 12-19-2012 at 10:07 AM, Unit Manager #2 indicated baths were being given at random times maybe due to a response to a		had a nursing staff to resident ratio of less than 1:10 during the period surveyed, with day and evening nursing staffing at 1:7 plus a full time activity director and ancillary staff. **2. What measures were put in place to identify other residents at risk?** All residents are at risk from this deficient practice. A complete facility audit of shower/bathing documentation was completed. **3. What systemic change was put in place to ensure the deficient practice does not recur?** ·Facility protocol regarding showers/bathing was reviewed with no revisions required. ·A complete audit of all neighborhood shower records was completed 12-21-2012. Shower books are organized to insure each resident has an identified schedule and appropriate forms present for documentation. ·Nursing staff have been in-serviced on the current protocol, specifically related to bathing/shower regulations and documentation. ·The nurse manager or designee is responsible for assisting the unit during unusual times of heightened need.	

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	behavior. A review of behavior logs indicated on 12-2, 12-5, 12-11, and 12-12-2012 no behaviors were noted. In an interview on 12-18-2012 at 3:46 PM, CNA #1 indicated sometimes there were less than 2 CNAs scheduled on evening shift, and so baths or showers were not given to the residents. CNA #1 further indicated the staff completed good partial baths so the residents would not have body odor. CNA #1 also indicated residents should receive 2 baths or showers per week. A review of timed checks revealed on 12-1-2012 staff were with Resident #W consistently between 5:45 AM and 6 PM; on 12-2-2012 between 6 AM and 6:30 PM;on 12-4 between 9 PM and 11 PM; on 12-6-2012 between 3 PM and 10:30 PM; on 12-12-2012 between 12 midnight and 2 AM, a note on the timed checks indicated Resident #W was on 1:1 observation; and on 12-13-2012 between 10:30 PM and 6:30 AM, Resident #W was on consistent watch. Resident #U's record was reviewed 12-18-2012 at 3:47 PM. Resident		**4. How will the corrective action be monitored?** Nursing Managers/shift supervisor will perform daily audits of showers based on each neighborhood's shower schedule to insure completion as well as verify appropriate documentation. The Director of Nursing or designee will audit results on a daily basis for 8 weeks and on a weekly basis for 12 weeks. A monthly report of findings will be submitted to the Quality Assurance Committee, which meets monthly, for the duration of the audits prescribed above. Should the committee feel that systemic compliance is not being achieved then audits will continue, with possible additional corrective action, until compliance has been achieved.	

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	#U's diagnoses included, but were not limited to, dementia, high blood pressure, and arthritis. During initial tour on 12-18-2012 at 9:26 AM, Resident #U was observed sitting in her room in a wheelchair. Resident #U was appropriately dressed and did not have a body odor. A review of a CNA assignment sheet provided by Unit Manager #2 on 12-18-2012 at 3:00 PM indicated Resident #U was to receive a shower or bath on Wednesday and Saturday evenings. A review of ADL documentation indicated Resident #U received a bath or shower on 12-2-2012 (a Sunday) at 2 AM, on 12-5-2012 (a Wednesday) at 6 PM, and on 12-15-2012 (a Saturday) at 8 PM. There was no documentation Resident #U had refused a shower or bath. A review of as worked staffing provided by the Director of Nursing on 12-19-2012 at 10 AM indicated 2 CNAs worked the unit 12-1-2012 from 6 AM to 10 PM ; on 12-2-2012, 2 CNAs were assigned the unit between 6 AM and 6:30 PM; on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155586	A. BUILDING 00 B. WING	12/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	12-4-2012, 2 CNAs were assigned between 9 and 11 AM; on 12-6-2012, 1 CNA was assigned between 12 midnight and 1 AM, and on 12-13-2012 one CNA worked between 10:30 PM and 6 AM. A current CNA assignment sheet provided by Unit Manager #2 on 12-19-2012 at 8:28 AM indicated 8 residents needed at least 1 person to assist with their care and 1 person needed two persons to assist with their care. In an interview on 12-19-2012 at 10:07 AM, Unit Manager #2 indicated no one special is assigned for consistent observations or 1:1 monitoring. During times of consistent observation, other staff is brought from another unit to assist with care and toileting. Nurses also step up to help complete tasks. In an interview on 12-19-2012 at 2:07 PM, CNA #5 indicated other staff rarely came to the unit to assist during busy times. The staff on the unit were expected to absorb the workload and get things done. This Federal tag relates to complaint number IN00120765.			

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	3.1-17(b)			